

Medicare Part D: Levels of Appeals

There are five levels of the appeals process that an enrollee may appeal to:

Level	Standard Appeal		Expedited Appeal*
1	Redetermination by Part D Plan	If the Part D plan's initial coverage determination is unfavorable, an enrollee may request a redetermination and the plan has up to 7 days to make its decision.	Same as standard except the timeframe is up to 72 hours for the plan to make its decision.
2	Reconsideration by Independent Review Entity (IRE)	If the Part D plan's redetermination is unfavorable, an enrollee may request a reconsideration by an IRE, which is a CMS contractor that reviews determinations made by a plan. The IRE has up to 7 days to make its decision.	Same as standard except the timeframe is up to 72 hours for the IRE to make its decision.
3	Administrative Law Judge (ALJ)	If the IRE's reconsideration is unfavorable, an enrollee may request a hearing with an ALJ if the amount in controversy is at least \$100.	Not applicable.
4	Medicare Appeals Council (MAC)	If the ALJ's finding is unfavorable, the enrollee may appeal to the MAC, an entity within the Department of Health and Human Services that reviews ALJ's decisions.	Not applicable.
5	Federal District Court	If the MAC's decision is unfavorable, the enrollee may appeal to a Federal district court, if the amount in controversy is at least \$1050.	Not applicable.

*An expedited decision is requested based on the urgency of an enrollee's health condition.